

UNITED STATES BANKRUPTCY COURT
DISTRICT OF IDAHO (BOISE)
PROOF OF CLAIM
Name of Debtor
Peggy L Sheldon

Case Number
99-01789
13 BK

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.



99-01789

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Boise Radiology Group

Name and Address where notices should be sent:

Boise Radiology Group

190 E. Bannock

Boise, ID 83712

P.O. Box 44630
Boise, ID 83711

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



1250219

THIS SPACE IS FOR COURT USE ONLY

Telephone Number: 208-322-9140

Account or other number by which creditor identifies debtor:

24620

Check here if ☐ replaces ☐ amends a previously filed claim, dated _____
1. Basis for Claim

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other _____

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: _____
- Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:

3/9/99

3. If court judgment, date obtained:**4. Total Amount of Claim at Time Case Filed:**

\$ 34,000

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☒ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
5. Secured Claim.
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim
- Amount entitled to priority \$ _____
- Specify the priority of the claim:
- ☐ Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).

*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

THIS SPACE IS FOR COURT USE ONLY

Date

7/28/99

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Kristen Davis

Aristen Davis

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

PATIENT FINANCIAL HISTORY BY TV SERVICE
BOISE RADIOLOGY GROUP, P.A.
Accounts 24622 - 24623 All Dates

Ref No	Disc	Chrgs	Amount			
01/16/99	0	SHELDON, PEGGY	Previous Balance :	0.00		
01/16/99	0	SHELDON, PEGGY	HEAD MRI WO/W CONT	784.8	1.00	228.00
01/16/99	0	SHELDON, PEGGY	Ins #61			-228.00
01/16/99	0	SHELDON, PEGGY	Adjustment (7)	652203		-18.20
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust			216.00
01/16/99	0	SHELDON, PEGGY	LUMBAR SPINE MRI WO	724.4	1.00	216.00
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	2.16
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	2.16
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	2.16
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	2.16
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	2.16
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	2.16
01/16/99	0	SHELDON, PEGGY	Bankruptcy			-216.00
01/16/99	0	SHELDON, PEGGY	Adjustment (11)	Bankruptcy		-2.16
01/16/99	0	SHELDON, PEGGY	Adjustment (11)	Bankruptcy		-2.16
01/16/99	0	SHELDON, PEGGY	Adjustment (11)	Bankruptcy		-2.16
01/16/99	0	SHELDON, PEGGY	Adjustment (11)	Bankruptcy		-2.16
01/16/99	0	SHELDON, PEGGY	Adjustment (11)	Bankruptcy		-2.16
01/16/99	0	SHELDON, PEGGY	Adjustment (11)	Bankruptcy		-2.16
01/16/99	0	SHELDON, PEGGY	FLORIDA PAP, CAT & OBL	719.42	1.00	63.40
01/16/99	0	SHELDON, PEGGY	INTEREST	FINANCE CHARGE	1.00	0.33
01/16/99	0	SHELDON, PEGGY	ABDOMEN ULTRASOUND	574.00	1.00	121.30
01/16/99	0	SHELDON, PEGGY	Ins #171			-49.21
01/16/99	0	SHELDON, PEGGY	EDS Adjustment	105256647		-24.17
01/16/99	0	SHELDON, PEGGY	EDS Adjustment	105256647		-61.32
01/16/99	0	SHELDON, PEGGY	Adjustment (1)	General Adjustment		-0.32
01/16/99	0	SHELDON, PEGGY	ABDOMEN ULTRASOUND	703.00	1.00	133.40
01/16/99	0	SHELDON, PEGGY	Bad Debt Write-off	01/03/99		-133.40
01/16/99	0	SHELDON, PEGGY	CT LIMITED OR LOCALI	552.0	1.00	195.70
01/16/99	0	SHELDON, PEGGY	CT LIMITED OR LOCALI	700.04	1.00	195.70
01/16/99	0	SHELDON, PEGGY	ABDOMEN 1 VIEW	789.00	1.00	39.20
01/16/99	0	SHELDON, PEGGY	RETROPERITONEAL US	789.00	1.00	113.70
01/16/99	0	SHELDON, PEGGY	ABDOMEN 1 VIEW	789.00	1.00	39.20
01/16/99	0	SHELDON, PEGGY	RETROPERITONEAL US	789.00	1.00	113.70
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	22/10/99		-16.70
01/16/99	0	SHELDON, PEGGY	Ins #60	02/16/99		-61.00
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	02/16/99		-134.70
01/16/99	0	SHELDON, PEGGY	Ins #60	02/16/99		-61.00
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	02/16/99		-134.70
01/16/99	0	SHELDON, PEGGY	Ins #60	02/16/99		-61.00
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	02/16/99		-16.70
01/16/99	0	SHELDON, PEGGY	Ins #60	02/16/99		-62.50
01/16/99	0	SHELDON, PEGGY	ABDOMEN 1 VIEW	789.00	1.00	39.20
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	03/04/99		-23.20
01/16/99	0	SHELDON, PEGGY	Ins #60	03/04/99		-66.50
01/16/99	0	SHELDON, PEGGY	KIDNEY SCOR-ACE OR D	653.0	1.00	163.00
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	03/08/99		-16.70
01/16/99	0	SHELDON, PEGGY	Ins #60	03/08/99		-22.50
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	03/18/99		-20.20
01/16/99	0	SHELDON, PEGGY	Ins #60	03/18/99		-65.50
01/16/99	0	SHELDON, PEGGY	Blue Cross Adjust	04/08/99		-13.00
01/16/99	0	SHELDON, PEGGY	Ins #60	04/08/99		-136.00
01/16/99	0	SHELDON, PEGGY	PERCUTANEOUS PERITON	789.04	1.00	1236.00
01/16/99	0	SHELDON, PEGGY	CT CYST ASPIR	759.04	1.00	130.50
01/16/99	0	SHELDON, PEGGY	Ins #60	05/23/99		-1362.00

07/15/99

PATIENT FINANCIAL HISTORY BY DT SERVICE
BOISE RADIOLOGY GROUP, P.A.

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Acct Date	Dep #	Name	Dr#	Procedure	Ref Dt	Diag	Units	Amount
05/23/99		Adjustment (7)	53696	Blue Cross Adjust	05/23/99			-26.50
06/01/99	0	SHELDON, PEGGY	7	INTEREST		INTEREST	1.00	0.34
07/01/99	0	SHELDON, PEGGY	7	INTEREST		INTEREST	1.00	0.34
07/15/99		Adjustment (11)		Bankruptcy	07/15/99			-34.00
07/15/99		Adjustment (11)		Bankruptcy	07/15/99			-0.34
07/15/99		Adjustment (11)		Bankruptcy	07/15/99			-0.34
TOTALS FOR ACCOUNT 24620								
PAYMENTS :			2121.71	ADJUSTS :	327.26	CHARGES :	3048.97	24.00
REFUNDS:			0.00					0.00
			2121.71		327.26		3048.97	0.00